

DIRECTOR OF CENTRAL INTELLIGENCE
Scientific and Technical Intelligence Committee

1 September 1978

MEMORANDUM FOR: Chief, Compensation Division, Office
of Finance

THROUGH : Chief, Contract Personnel Division,
Office of Personnel

SUBJECT : Memorandum of Oral Understanding With
Members of DCI's S&T Advisory Panel
(STAP)

REFERENCE : My memo to you, same subject, of 9 January
1978

1. This document will serve as a memorandum in lieu of contract for [REDACTED] STATINTL
STATINTL [REDACTED] when approved by the Special Contracting
Officer, Office of Personnel. STATINTL

2. The memorandum in lieu of contract for [REDACTED] STATINTL
[REDACTED] dated 9 January 1978 was approved through
30 April 1978. I request that that date be extended until
30 September 1978.

3. [REDACTED] STATINTL
[REDACTED] is serving a four year
term on the DCI's S&T Advisory Panel under the following
STATINTL financial arrangements. He is paid a fee for each day's
service equivalent to the top step of a GS-15 (currently
\$180.88) and travel expenses. His address is:

STATINTL [REDACTED]

I request that this memorandum in lieu of contract cover
expenses incurred thus far and until 30 September 1978.

4. Payments for [REDACTED]
will be charged to FAN 87-159802.

STATINTL

SUBJECT: Memorandum of Oral Understanding With
Members of DCI's S&T Advisory Panel
(STAP)

5. All STAP members are being processed so that they will in FY 1979, starting 1 October 1978, become contractor/consultants and have formal contracts replacing this and other memoranda in lieu of contracts

STATINTL

Executive Secretary

STATINTL

/s/

APPROVAL:

Special Contracting Officer/OP

1 SEP 1978

DATE :

Distribution:

Orig. & 1 - Addressee
1 - C/CPD/OP
1 - CPD/SCO/OP
1 - C/SS/ICS
1 - OSI/B&F
1 - STAP (Chrono)
1 - STAP (Finance)

OSI/STIC/ /dec/4170 (1Sep78) STATINTL

DIRECTOR OF CENTRAL INTELLIGENCE
Scientific and Technical Intelligence Committee

30 August 1978

MEMORANDUM FOR: Chief, Support Staff, ICS

SUBJECT : Reimbursement for STAP Expenses

1. Attached are claim sheets of members of the DCI's Science and Technology Advisory Panel (STAP) for the 26-27 July 1978 meeting and dinner at the Cosmos Club.

2. The breakdown of the costs is as follows (work-sheet attached):

a. Panelists \$3551.50

Travel	1620.03
Services	1537.48
Miscellaneous	393.99

b. Meals

7/26	Lunch DCI Dining Room	22.88	(8)
7/27	Lunch DCI Dining Room	23.10	(6)
7/26	Dinner Cosmos Club	108.08	(7)
8/16	Dinner (Washington Golf & Country Club)	11.13	(1)

165.19

TOTAL 3716.69

3. I hereby certify that I expended \$165.19 for official entertainment of guests of the Intelligence Community on 26-27 July and 16 August 1978. I have not been and will not be reimbursed for these expenses from any other source. All Intelligence Community employees involved in this entertainment paid their own expenses.

ADMINISTRATIVE - INTERNAL USE ONLY

Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010004-5

Page two

SUBJECT: Reimbursement for STAP Expenses

4. Please send the STAP members' checks to them in plain envelopes to the addresses on the claim sheets, inasmuch as some of them are sensitive regarding their association with the Intelligence Community. Please send the check for my expenses (item 2b above) to me at Room 6F35, Headquarters Building.

5. The next meeting of STAP is scheduled for 14-15 September and the estimated cost will be approximately \$3600.00.

Signed


STATINTL


Executive Secretary

Attachments: As Stated

Distribution:

- Orig. & 1 - Addressee, w/atts
- 1 - STAP Chrono, wo/atts
- ✓ - STAP Finance, w/atts

OSI/STIC//dec/4170 (30Aug78) STATINTL

Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010004-5

ADMINISTRATIVE - INTERNAL USE ONLY

Worksheet

STAP Meeting 26-27 July 1975

STATINTL

Travel	Services	Extra Day	Minor	Total
246.25	361.76		103.25	711.26
214.43	361.76		84.72	660.91
210.00	-		140.12	350.12
50.10				140.54
435.25	180.88	90.44		666.17
	361.76			361.76
414	144.90		65.10	479.90
-	180.88	-	-	180.88
1820.03	1447.04	90.44	393.99	3551.50
		1537.48		

Lunches 7/26 8 @ 2.80 = 20.80 + 2.00 = 22.80 JM
 7/27 6 @ 3.50 = 21.00 + 2.10 = 23.10 JM 45.90

Dinner 7/26 7 @ ~~15.44~~ 11.13 = 77.91 JM 108.25
 8/1 1 @ 11.13 = 11.13 N 11.13

Coffee & Donuts

Coffee 2.89
 Donuts 9.85 } STIC coffee & donuts (already paid)
 12.74

29 Aug 1978

EXECUTIVE DINING ROOM

Date 7/26

ITEM NO.	ITEM	PRICE
<input type="checkbox"/>	1 Regular Lunch*	\$2.60
<input type="checkbox"/>	2 Steak Delmonico Lunch*	\$3.45
<input type="checkbox"/>	3 Steak Sirloin Lunch*	\$3.45
<input type="checkbox"/>	4 Filet Sandwich	\$3.15
<input type="checkbox"/>	5 Light Lunch	\$1.65
<input type="checkbox"/>	6 Jumbo Salad	\$1.45
<input checked="" type="checkbox"/>	7 Low Cal	\$1.45
<input checked="" type="checkbox"/>	8 Soup	\$.50
<input checked="" type="checkbox"/>	9 Salad — Vegetable	\$.30
<input checked="" type="checkbox"/>	10 Dessert	\$.40
<input type="checkbox"/>	11 Milk	\$.25
<input type="checkbox"/>	11 Coffee	\$.25
<input checked="" type="checkbox"/>	11 Tea	\$.25
<input type="checkbox"/>	11 Juice	\$.25
<input type="checkbox"/>	12 Misc.	\$2.00

*Includes salad or vegetable, juice, coffee, or tea.

Membership Acct. # 49007

Signature S.T.C.

Room No. 571C

Receipt Requested ☐

2.60
20.80
22.40
22.40

EXECUTIVE DINING ROOM

Date 7/27

ITEM NO.	ITEM	PRICE
<input checked="" type="checkbox"/>	1 Regular Lunch*	\$2.60
<input type="checkbox"/>	2 Steak Delmonico Lunch*	\$3.45
<input type="checkbox"/>	3 Steak Sirloin Lunch*	\$3.45
<input type="checkbox"/>	4 Filet Sandwich	\$3.15
<input type="checkbox"/>	5 Light Lunch	\$1.65
<input type="checkbox"/>	6 Jumbo Salad	\$1.45
<input type="checkbox"/>	7 Low Cal	\$1.45
<input type="checkbox"/>	8 Soup	\$.50
<input checked="" type="checkbox"/>	9 Salad — Vegetable	\$.30
<input checked="" type="checkbox"/>	10 Dessert	\$.40
<input checked="" type="checkbox"/>	11 Milk	\$.25
<input checked="" type="checkbox"/>	11 Coffee	\$.25
<input type="checkbox"/>	11 Tea	\$.25
<input type="checkbox"/>	11 Juice	\$.25
<input type="checkbox"/>	12 Misc.	\$2.00

*Includes salad or vegetable, juice, coffee, or tea.

Membership Acct. # 49007

Signature S.T.C.

Room No. 571C

Receipt Requested ☐

3.50
21.90
25.40

8/7/78

STATEMENT

STATINTL

12-139



Please return this stub with your check

\$

DATE	REFERENCE	CHARGES	CREDITS	BALANCE
BALANCE FORWARDED				

SPECIAL PARTIES

July 26, 1978

Dinner: 12 @ 8.95
 plus Tax 115.99
 Room Charge: B 20.00
 Cocktails: 47.95
 Parking: 1 1.25

\$185.19

12 @ 15.99
 191.88
 185.19

- | | | | |
|------------------|--------------------|-------------------------|--|
| 1. BARBER | 7. BAR | SPECIAL PARTIES | Please Pay Last Amount
in This Column |
| 2. TOBACCO, ETC. | 8. FOOD | | |
| 3. TELEPHONE | 9. GUEST CHARGE | 12. PRIVATE ROOM CHARGE | CM CREDIT MEMO |
| 4. LODGINGS | 10. CHRISTMAS FUND | 13. FLOWERS | DM DEBIT MEMO |
| 5. PARKING | 11. MISC. | 14. EXTRA HELP | CR CREDIT BALANCE |
| 6. LAUNDRY | | 15. MISC. | GC GUEST CHARGE |

CHARGES AND CREDITS NOT SHOWN ON THIS STATEMENT WILL APPEAR NEXT MONTH
 COSMOS CLUB 2121 Massachusetts Avenue, N.W., Washington, D.C. 20008 DUont 7-7783

Cosmos Club

PARKING CHARGE

Member

54

Account No.

12-139

Guest

Date

JUL 26 1978

Parking Rates

Luncheon Period \$1.25

Dinner Period 1.25

All Day 2.50

(While utilizing Club facilities)

Persons using parking lot should keep their cars locked. The Club is not responsible for articles left in cars. If requested, please leave your keys with the parking lot attendant, or at the front desk, with your name and Club number.

License No.



Space No.

34

Total Charges

1.25

STATINTL

COSMOS CLUB

Account # 12-139

SIGNATURE

STATINTL

Waiter

Table No.

Persons:

TOTAL

D.C. SALES TAX

GRAND TOTAL

127.40

8.59

135.99

DATE-

8-904

COSMOS CLUB

BAR CHECK

Account # 12-139

SPECIAL BAR

STATINTL

JUL 26 1970

SIGNATURE

4	Scotch	540
5	Bourbon	675
2	Martini	270
4	Gin	540
5	Vodka	675
4	Whisky	540
3	Grape of wine	1200

Waiter	
--------	--

TOTAL

SPECIAL BAR D.C. SALES TAX

Date _____

Date 26 1978

GRAND TOTAL

MOORE-BLUMBERG ASSOCIATES, INC.

R STATINTL

WASHINGTON GOLF and COUNTRY CLUB
ARLINGTON, VIRGINIA 22207

DATE	SERV	TABLE NO.	PERSONS	CHECK NUMBER
8-16	12			79016
11270				
STATINTL 145				
145				
180				
4.70				
1.45				
.06 TAX				
15 TIP				
1.66				

TIP 60¢ per

DINING ROOM

WASHINGTON GOLF and COUNTRY CLUB
ARLINGTON, VIRGINIA 22207

DATE	SERV	TABLE NO.	PERSONS	CHECK NUMBER
8/16/78	Mary U	4		5623
11270				
STATINTL				
1	Flounder			5.50
2	S. & C. Crab			15.90
1	Veal Scallopini			7.50
2	Strawberry Quince			2.00
				30.90
				7.95
				32 TAX
				1.20 15% TIP
				9.47
				1.66 DRINK
				11.13 TOTAL

TIP 12¢

TIP 4.50 per

CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

STATINTL

TRANSPORTATION: Economy air fare from [redacted] to Wash., DC
and return (ticket may be retained for return trip) T \$206.00

Date and time of departure: 7/25/78 - 5:30 p.m.

Transportation cost to terminal: 8.75 From Airport to Hotel: 4.50 T \$ 13.25

Daily Expenses (reimbursement may not exceed \$50.00 per day):

<u>7/25/78</u>	Lunch - \$ --	
(date)	Dinner - --	
	Hotel - 51.56	M \$ 51.56

<u>7/26/78</u>	Breakfast - 2.50	
(date)	Lunch - --	
	Dinner - --	
	Hotel - 51.56	M \$ 54.06

Transportation cost from hotel to Headquarters and return: T \$ 9.50

<u>7/27</u>	Breakfast - 3.25	
(date)	Lunch - --	
	Dinner - --	
	Hotel - 51.25 (not charged)	M \$ 3.25

Transportation cost from hotel to Headquarters and return: T \$ 9.00

<u>(date)</u>	Breakfast -	
	Lunch -	
	Dinner -	

Transportation cost to terminal: \$ -- From Airport to home: 8.50 T \$ 8.50
(estimates may be used for above)

Date and time of departure from Wash., DC: 7/28/78 - 6:15 p.m.

Fee for services (\$180.88 per day) claimed: (X) Yes () No S \$361.76

STATINTL

TOTAL CLAIM

STATINTL

711.76
\$716.88

Please mail check to:

(Signature of Claimant)

BEST COPY
Available

(LAST) _____ (NAME) _____ (FIRST) _____ (RATE-OUT DATE) _____

TIME ARR. DATE

R	CR	NR
---	----	----

ROOM CLERK

50/

CITY _____ STATE _____ ZIP _____

THE CAPITAL HILTON
WASHINGTON, D.C. 20036

STATINTL

STATINTL

ENDORSEMENTS (CARBON)		ATC		PASSENGER TICKET AND BAGGAGE CHECK		FROM/TO		FARE CALCULATION		8485495244	
STATINTL		ISSUED IN EXCHANGE FOR		DATE OF ISSUE		24 JUL 78					
NAME OF PASSENGER		NOT TRANSFERABLE		ORIGIN		DESTINATION					
1		2		3		4		ORIGINAL		SERIAL NUMBER	
1		2		3		4		ISSUE		AGENTS NUMBER CODE	
X/O		NOT GOOD FOR PASSAGE		FARE BASIS		ALLOW		CARRIER		FLIGHT/CLASS	
								NW		458125JUL 530POM	
								AA		334125JUL 725POM	
TO		FROM		DATE		TIME		STATUS			
TO		FROM		DATE		TIME		STATUS			
FARE		95.37		TAX		7.63		TOTAL		103.00	
STATINTL		012		8485495244		2					

STATINTL

STATINTL

STATINTL

ENDORSEMENTS (CARBON)		ATC		PASSENGER TICKET AND BAGGAGE CHECK		FROM/TO		FARE CALCULATION		8484372909	
STATINTL		ISSUED IN EXCHANGE FOR		DATE OF ISSUE		24 JUL 78					
NAME OF PASSENGER		NOT TRANSFERABLE		ORIGIN		DESTINATION					
1		2		3		4		ORIGINAL		SERIAL NUMBER	
1		2		3		4		ISSUE		AGENTS NUMBER CODE	
X/O		NOT GOOD FOR PASSAGE		FARE BASIS		ALLOW		CARRIER		FLIGHT/CLASS	
								TW		4231JUL28 615POM	
								NC		0891JUL28 800POM	
TO		FROM		DATE		TIME		STATUS			
TO		FROM		DATE		TIME		STATUS			
FARE		595.37		TAX		57.63		TOTAL		653.00	
STATINTL		015		8484372909		5					

CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

STATINTL

TRANSPORTATION: Economy air fare from [REDACTED] to Wash., DC prorated
and return (ticket may be retained for return trip) \$ 151.00

Date and time of departure: 24 July 78 0900

Transportation cost to terminal: 29.46 From Airport to Hotel: 11.33 \$ 40.78

Daily Expenses (reimbursement may not exceed \$50.00 per day):

25 July 78	Lunch -	\$ 4.00	
(date)	Dinner -	9.00	
	Hotel -	19.44	\$ 32.44

		32.44 total	
26 July 78	Breakfast -	2.20	
(date)	Lunch -		
	Dinner -		
	Hotel -	19.44	\$ 21.64
		21.64 total	

Transportation cost from hotel to Headquarters and return: \$ 5.00

27 July 78	Breakfast -	2.20	
(date)	Lunch -		
	Dinner -	9.00	
	Hotel -	19.44	\$ 30.64
		30.64 total	

Transportation cost from hotel to Headquarters and return: \$ 5.00

(date) -	Breakfast -		
	Lunch -		
	Dinner -		\$

Transportation cost to terminal: \$ 12.65 From Airport to home: \$ 12.65
(estimates may be used for above)

Date and time of departure from Wash., DC: 28 July 78 1700

Fee for services (\$180.88 per day) claimed: (X) Yes () No \$ 361.76

TOTAL CLAIM \$ 660.91

STATINTL

Please mail check to:

(Signature of Claimant)

COSMOS CLUB

Room Charges

NAME

Room No. 329

ARRIVED 24 July DEPARTED 27 July

3 DAYS \$ 18 00 PER DAY \$ 54 00

8% D. C. SALES TAX \$ 4 32

TOTAL \$ 58 32

STATINTL

CALIFORNIA INSTITUTE
OF TECHNOLOGY

STATINTL

TRIP TICKET

REQUESTER	DIVISION/DEPARTMENT		TEL. EXT.	DATE PREPARED
	164-30			7-13-78
TYPE OF VEHICLE	DATE REQUIRED & TIME	EST. DURATION	NAME OF OPERATOR	LIC. EXP.
	7-24-78 7:30 AM PM			

ODOMETER READING		DATE	TIME
ENDING	RETURNED		
BEGINNING	PICKED-UP	7-24-78	
TOTAL MILEAGE	TOTAL USAGE	DAYS	HRS.

CONDITION OF VEHICLE:

☐ OK ☐ NEEDS WORK (SPECIFY)

CHARGES:

MILES 50 @ \$ 16 /MILE \$ 8.00

DAYS 2 @ \$ /DAY \$

CHAUFFEUR HRS.-ST 2 @ \$ /HR. \$ 11.00

CHAUFFEUR HRS.-OT @ \$ /HR. \$

PARKING FEES, TOLLS/MEALS \$ \$ \$ \$

OPERATOR'S SIGNATURE

STATINTL

DISPATCHER'S SIGNATURE

APPROVED

STATINTL

TOTAL AMOUNT DEBITED TO ACCOUNT (\$) \$ 19.46

DEBIT						CREDIT					
%	ACCOUNT	SUB ACCOUNT	SUF. 3 DIG.	SUF. 4 DIG.	AMOUNT	ACCOUNT	SUB ACCOUNT	SUF. 3 DIG.	SUF. 4 DIG.	AMOUNT	
	248	664-10452			19.46	338	99129			8.00	
	248					338	71520	463		11.00	
	248					268					
	248										

Home to LAX

REQUESTER

CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

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TRANSPORTATION: Economy air fare from [REDACTED] to Wash., DC
~~and return~~ (ticket may be retained for return trip) \$ 210.

Date and time of departure: 7:40a - 7/24/78

Transportation cost to terminal: _____ From Airport to Hotel: _____ \$

Daily Expenses (reimbursement may not exceed \$50.00 per day):

7/25/8	Lunch - \$	
(date)	Dinner -	21.00
	Hotel -	37.06

50.06
\$ 58.6

7/26/8	Breakfast -	4.25
(date)	Lunch -	
	Dinner -	37.06
	Hotel -	

\$ 41.3

Transportation cost from hotel to Headquarters and return: \$

7/27/8	Breakfast -	4.25
(date)	Lunch -	7.50
	Dinner -	
	Hotel -	37.06

\$ 48.8

Transportation cost from hotel to Headquarters and return: \$

(date) -	Breakfast -	
	Lunch -	
	Dinner -	

\$

Transportation cost to terminal: \$ _____ From Airport to home: \$ _____
(estimates may be used for above)

Date and time of departure from Wash., DC: a.m. 7/28/8

Fee for services (\$152.32 per day) claimed: () Yes (X) No

\$

TOTAL CLAIM

350.
\$ 358.

STATINTL

Please mail check to:

(Signature of Claimant)

STATINTL

Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010004-5

Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010004-5

Sheraton National Motor Hotel
 COLUMBIA PIKE & VA. AVE. INTERSECTION, ARLINGTON, VIRGINIA 22204
 SHERATON HOTELS & INNS WORLDWIDE

CITY _____ STATE _____ ZIP _____

COMPANY _____ NO. OF GUESTS IN ROOM _____
 R CR NR

OTHER _____

CLOSING _____ OPENING _____ DIFFERENCE _____

CHANGE ☐ ROOM ☐ RATE

ROOM NO. _____ RATE _____ TAX _____

CALLS	MEMO	DATE	REFERENCE	CHARGES	CREDITS	BAL. DUE	PICK-UP
MON.	1						
	2	JUL 25	ROOM 710	C* 34.00			
	3	JUL 25	TAX 710	C* 3.00			
TUES.	4	JUL 25	PHONE 710	C* .30		* 37.35 *	C* 37.35
	5	JUL 26	ROOM 710	C* 34.00			
	6	JUL 26	TAX 710	C* 3.00			
WED.	7	JUL 26	PHONE 710	C* .50		* 75.32 *	S* 75.32
	8	JUL 27	ROOM 710	C* 5.00		* 81.22 *	C* 81.22
THURS.	9						
	10	JUL 27	ROOM 710	C* 34.00			
	11	JUL 27	TAX 710	C* 3.00		* 118.28 *	A* 118.28
	12	JUL 28	PAID 710		* 118.28	* .00	
FRI.	13						
	14						
SAT.	15						
	16						
	17						
SUN.	18						
	19						
	20						

GUEST'S SIGNATURE _____

CHARGE TO _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

LAST BALANCE IS AMOUNT DUE UNLESS OTHERWISE INDICATED.
 BILLS ARE PAYABLE WHEN PRESENTED-RETAIN THIS RECEIPT.



REGARDLESS OF INSTRUCTIONS, GUEST IS ALSO LIABLE UNTIL BALANCE HAS BEEN PAID.

STATINTL STATINTL

SOLD SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGER'S COUPON

Issued By **UNITED AIRLINES**

STATINTL STATINTL

NAME OF PASSENGER **STATINTL**

1 2 3 4

1 2 3 4

VOID VOID

FARE BASIS: F UA 14 JUL 74 CAC K

F UA 33 JUL 24 CAC K

S PI 94 JUL 25 CAC K

708.00

016 580301707

846201

180E

20003573305

7F161659191

000008

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TAX 52.48 708.00

016 5803017073 0

CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel
STATINTL

TRANSPORTATION: Economy air fare from [redacted] to Wash., DC
and return (ticket may be retained for return trip)

\$ 436.-

Date and time of departure: 1800 7/25/78

Transportation cost to terminal 8.50

From Airport to Hotel: 3.50

\$ 12.00

Daily Expenses (reimbursement may not exceed \$50.00 per day):

(date) Lunch - \$ _____
Dinner - _____
Hotel - _____

\$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____
Hotel - _____

\$ _____

Transportation cost from hotel to Headquarters and return:

\$ 9.50

(date) Breakfast - _____
Lunch - _____
Dinner - _____
Hotel - _____

\$ _____

Transportation cost from hotel to Headquarters and return:

\$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____

\$ _____

Transportation cost to terminal: \$ 9.75
(estimates may be used for above)

From Airport to home: 18.00

\$ 27.75

Date and time of departure from Wash., DC: 1600 7/26/78

Fee for services (\$180.88 per day) claimed: (✓) Yes () No

\$ 180.88

TOTAL CLAIM

\$ 666.13

STATINTL

STATINTL

Please mail check to:

A

Addition of billing
Visit to [REDACTED]
for consultation on SIGINT plan

May 8, 1978

STATINTL

left [REDACTED] 0730

STATINTL left [REDACTED] 130 pm

taxes 12, 5, 5

22. -

air fare (one way)

28.10

fee ($\frac{1}{2}$ day) @ 180.88

90.44

140.54

I am not billing for 2-3 days total time at [REDACTED]
skedging reports.

STATINTL

7/31/78

STATINTL

Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010004-5
CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

TRANSPORTATION: Economy air fare from _____ to Wash., DC
and return (ticket may be retained for return trip) \$ _____

Date and time of departure: _____

Transportation cost to terminal: _____ From Airport to Hotel: _____ \$ _____

Daily Expenses (reimbursement may not exceed \$50.00 per day):

(date) Lunch - \$ _____
Dinner - _____
Hotel - _____ \$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____
Hotel - _____ \$ _____

Transportation cost from hotel to Headquarters and return: \$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____
Hotel - _____ \$ _____

Transportation cost from hotel to Headquarters and return: \$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____ \$ _____

Transportation cost to terminal: \$ _____ From Airport to home: \$ _____
(estimates may be used for above)

Date and time of departure from Wash., DC: _____

Fee for services (\$180.88 per day) claimed: (X) Yes () No \$ 361.76

7/26 - 27

TOTAL CLAIM \$ 361.76

Noted

STATINTL

(Signature of Claimant)

8-2-78

██████████ STATINTL

Enclosed is the expense claim for Dr. ██████████ for the last STAP meeting. Please note that the ticket is L.A.-Washington-Boston-L.A. I requested reimbursement for LA-Wash-LA. The Boston trip was one he would not have made had he not already been in Washington.

Also, as usual, no hotel receipt is available. He is billed monthly.

Thanks so much.

STATINTL
██████████

STATINTL

STATINTL

TRANSPORTATION: Economy air fare from [redacted] to Wash., DC
and return (ticket may be retained for return trip) \$ 414

Date and time of departure: 7-25-78 9:00 a.m.

Transportation cost to terminal: _____ From Airport to Hotel: _____ \$ _____

Daily Expenses (reimbursement may not exceed \$50.00 per day):

7-25 Lunch - \$ _____
(date) Dinner - _____
Hotel - 30.00 \$ 30.

7-26 Breakfast - 2.75
(date) Lunch - _____
Dinner - _____
Hotel - 30.00 \$ 32.

Transportation cost from hotel to Headquarters and return: _____ \$ _____

7-27 Breakfast - 3.15
(date) Lunch - _____
Dinner - _____
Hotel - _____ \$ 3.

Transportation cost from hotel to Headquarters and return: _____ \$ _____

(date) - Breakfast - _____
Lunch - _____
Dinner - _____ \$ _____

Transportation cost to terminal: \$ _____ From Airport to home: _____ \$ _____
(estimates may be used for above)

Date and time of departure from Wash., DC: 7-27-78, 3:55 p.m.

Fee for services (\$180.88 per day) claimed: () Yes (✓) No \$ _____

TOTAL CLAIM

\$ 47.

STATINTL

STATINTL

Please mail check to:

(Signature of Claimant)

100010004-5

Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010004-5

STATINTL

DEPARTURE				ARRIVAL	
DATE	AIRLINE	AIRPORT	TIME	AIRPORT	TIME
Jul 25	<i>Row 7 Seat 2</i> TWA 14		9:00 AM		<i>4:49 PM</i>
Jul 27	Delta 230		3:55 PM		5:03 PM
Jul 28	<i>Row 7 Seat 2</i> TWA 65		5:55 PM		8:35 PM
		STATINTL		STATINTL	

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STATINTL

ENDORSEMENTS (CARBON)		ATC		PASSENGER TICKET AND BAGGAGE CHECK		PASSENGER'S DUTY		FROM/TO		8485:243:067	
CONNECTION TICKETS		MODELS BY RECKLING FOR		DATE OF ISSUE							
TICKET ENDORSEMENTS & NOTES (CARBON)				21 JUL 78							
NAME OF PASSENGER(S)		NOT TRANSFERABLE		ORIGIN							
				DESTINATION						S L6161 A 00	
1	2	3	4	ORIGINAL	CARRIER	FORM	SERIAL	NUMBERS			
1	2	3	4	ISSUE	PLACE	DATE	AGENCY NUMBER (CODE)				
X/O	NOT GOOD FOR PASSAGE		FARE BASIS	ALLOW	CARRIER	FLIGHT/CLASS	DATE	TIME	STATUS		
					TW	14Y25JUL	900AOK				
					DL	230Y27JUL	353POK				
					TW	65Y28JUL	553POK				
FARE				ROUTE CODE				BAG CODE			
460.19											
TAX				TOTAL							
36.81				497.00							
PUR AEROSPACE											

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CLAIM FOR EXPENSES - Director's Science and Technology Advisory Panel

TRANSPORTATION: Economy air fare from _____ to Wash., DC
and return (ticket may be retained for return trip) \$ _____

Date and time of departure: _____

Transportation cost to terminal: _____ From Airport to Hotel: _____ \$ _____

Daily Expenses (reimbursement may not exceed \$50.00 per day):

(date) Lunch - \$ _____
Dinner - _____
Hotel - _____ \$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____
Hotel - _____ \$ _____

Transportation cost from hotel to Headquarters and return: \$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____
Hotel - _____ \$ _____

Transportation cost from hotel to Headquarters and return: \$ _____

(date) Breakfast - _____
Lunch - _____
Dinner - _____ \$ _____

Transportation cost to terminal: \$ _____ From Airport to home: \$ _____
(estimates may be used for above)

Date and time of departure from Wash., DC: _____

Fec for services (\$180.88 per day) claimed: (✓) Yes () No \$180.88

TOTAL CLAIM \$180.88

STATINTL

STATINTL

Please mail check to:

(Signature of Claimant)

(When Filled In)

REQUEST FOR REIMBURSEMENT Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010004-5					1. YOUR TR NO.				
3. NAME OF CLAIMANT (LAST, FIRST, MIDDLE INITIAL)					4. EMPLOYEE NO.		5. OFFICE		
[REDACTED] 25X1A					Detaillee		STIC		
PAYABLE TO		ROOM	BUILDING	EXTENSION	AMOUNT				
[REDACTED]		6F35	Hqs.	4170	\$12.74				
6. PROJECT NUMBER		7. TYPE OF ADVANCE		8. ACTIVITY NUMBER			9. DUE DATE		
25X1A									
PURPOSE (FIRST 24 CHARACTERS OF EACH LINE WILL BE ENTERED):									
10. WHAT: Donuts and Coffee									
11. WHERE: Rm. 6F25, CIA Hqs.									
12. WHEN: 26-27 July 1978									
13. WHY: <i>Representational</i> Operational entertainment of non-government personnel (STAP)									
16. OBLIGATION REFERENCE NO.				14. EXP CODE		15. AGENCY CODE			
TYPE ORN	SUB #	17. SOC	LIQ CD	18. AMOUNT		I CERTIFY FUNDS ARE AVAILABLE			
P				25X1A		DATE	[REDACTED]		
S				25X1A		DATE	[REDACTED]		
S						AUTHENTICATION			
S				25X1A		DATE	[REDACTED]		
						CERTIFICATE FOR PAYMENT OR CREDIT			
						[REDACTED]			
PAYMENT INSTRUCTIONS					DESIGNATION OF AGENT TO PICK UP FUNDS				
Cash or check					I authorize my agent, whose signature appears below, to receive \$ _____ of official funds on my behalf and acknowledge receipt of such funds and my responsibility therefor, when paid to my agent.				
CERTIFICATION (Check when applicable)									
<input checked="" type="checkbox"/> REIMBURSEMENT I certify that the disbursements itemized above were necessarily made by me and that I have not been nor will I be reimbursed therefor from any other source and that this claim and attachments are true and correct.					DATE _____ SIGNATURE OF AGENT _____ DATE _____ SIGNATURE OF CLAIMANT OR OFFICER _____				
<input type="checkbox"/> PERSONAL SERVICES The amount requested is due the payee for satisfactory performance of duties in accordance with the terms of his contract or other written or oral agreements.					ACKNOWLEDGEMENT OF RECEIPT				
					AMOUNT		CHECK NO.		
DATE	SI	25X1A			DATE	SIGNATURE			
17 AUG 78									
TRANS CODE	CODING AREA				MONETARY CONTROL	AMOUNT			
065	1090080020090011 Part in MEAC					12.74			
DATE	PREPARED BY	EXT	DATE	REVIEWED BY	TOTAL				
8/22/78	[REDACTED]	25X1A			12.74				
Approved For Release 2001/03/04 : CIA-RDP80T01198A000100010004-5									

UNCLASSIFIED		CONFIDENTIAL		SECRET	
OFFICIAL ROUTING SLIP					
TO	NAME AND ADDRESS		DATE	INITIALS	
1	Administrative Officer/DCI 7C17 Headquarters				
2	Attn: [REDACTED]				
3	STATINTL				
4					
5					
6					
ACTION		DIRECT REPLY		PREPARE REPLY	
APPROVAL		DISPATCH		RECOMMENDATION	
COMMENT		FILE		RETURN	
CONCURRENCE		INFORMATION		SIGNATURE	
Remarks:					
<p>Per memorandum dated 16 February 1978.</p> <p>Subject: Official Representation Expenses for DCI's Science and Technology Advisory Panel (STAP).</p>					
FOLD HERE TO RETURN TO SENDER					
FROM: NAME, ADDRESS AND PHONE NO.				DATE	
Executive Secretary/SIC Rm. 6-F-35 Hqs. - Ext. 4170				17 AUG 1978	
UNCLASSIFIED		CONFIDENTIAL		SECRET	